

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

-----X  
In re:

Chapter 13

Erick S. Ramos,

Case No. 16-35340-cgm

Debtor(s).  
-----X

**CREDITOR LOSS MITIGATION AFFIDAVIT**

I, Elizabeth Doyaga, being sworn, say:

I am not a party to this action, am over 18 years of age and reside in Jericho, New York.

On October 26, 2016, I served a true copy of the financial packet and this "*Creditor Loss Mitigation Affidavit*"<sup>1</sup> upon the following parties via email at the following addresses:

[rivalaw@yahoo.com](mailto:rivalaw@yahoo.com) and ECF

Pursuant to that request, the Debtor<sup>2</sup> must provide the following documents:

☐ A copy of the Debtor's two (2) most recent federal income tax returns;

☐ A copy of the Debtor's last two (2) paycheck stubs, proof of social security income, pensions, or any other income received by the Debtor;

Or, if Debtor is self-employed:

☐ A copy of the Debtor's business= two (2) most recent months' profit and loss statements, setting forth a breakdown of the monthly business income and expenses [*for the months off*];

☐ A copy of the mortgagee's completed financial worksheet;

☐ Proof of second/third party income by affidavit of the party, including the party's last two (2) paycheck stubs,

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<sup>1</sup> Italicized words in quotations indicate that there is a form by the same name on the Bankruptcy Court's website. These forms shall be used whenever applicable.

<sup>2</sup> Unless otherwise provided herein, all capitalized terms are defined in the Southern District of New York's Loss Mitigation Program Procedures. The Loss Mitigation Program Procedures' definition of "Debtor" includes joint debtors.

X Other (please specify): See Attached Loss Mitigation Package

Please be advised that the Creditor designates the following person to be its Loss Mitigation contact:

Name: Robb Adams

Title: Loss Mitigation Manager

Phone Number: 561-241-6901 ext. 1203

Fax Number: \_\_\_\_\_

Email Address: [radams@rasflaw.com](mailto:radams@rasflaw.com)

Please be advised that the Creditor designates the following person to be its attorney for Loss Mitigation on this Loan.

Name: Elizabeth Doyaga, Esq.

Firm: Robertson, Anschutz, Schneid, P.L.

Phone Number: 516-241-9077

Fax Number: \_\_\_\_\_

Email Address: [erubino@rasflaw.com](mailto:erubino@rasflaw.com)

Dated: Jericho, New York  
October 26, 2016

/s/Elizabeth Doyaga  
Elizabeth Doyaga, Esq.



## Borrower Assistance Form

If you are having mortgage payment challenges because of a temporary or long-term hardship, please complete and submit this form, along with the required documentation, to Seterus via mail: PO Box 2008, Grand Rapids, MI 49501-2008, fax: 866.578.5277, or online: [www.seterus.com/uploadmydocs](http://www.seterus.com/uploadmydocs). We will follow up and let you know if you're missing any required information or documents within five business days of receipt.

The requested information is extremely important because it helps us understand your situation, identify the solutions you may be eligible to receive, and consult with you to determine what option may best meet your needs.

If you need help while completing this form, please contact Seterus at 866.570.5277 for assistance.

### Borrower Information

Borrower's name: \_\_\_\_\_

Co-Borrower's name: \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

Primary phone number: \_\_\_\_\_

Primary phone number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Is either borrower an active duty service member or the surviving spouse of a service member who was on active duty at the time of death? ☐ Yes ☐ No

### Property Information

Property address: \_\_\_\_\_

Mailing address (if different from property address): \_\_\_\_\_

The property is currently: ☐ A primary residence ☐ A second home ☐ An investment property

The property is: ☐ Owner occupied ☐ Renter occupied ☐ Vacant

Borrower's preference: ☐ Keep the property ☐ Not keep the property ☐ Undecided

Is the property listed for sale? ☐ Yes ☐ No; if yes, provide the following: 1) Listing date: \_\_\_\_\_ 2) Listing agent's name and phone number—or indicate "for sale by owner" if applicable: \_\_\_\_\_

Is the property subject to condominium or homeowners association (HOA) fees? ☐ Yes ☐ No; if yes, indicate monthly dues \$\_\_\_\_\_

### Household Income

MONTHLY INCOME TYPE AND AMOUNT		REQUIRED DOCUMENTATION
Gross wages, salaries and overtime pay, commissions, tips, and bonuses	\$	<ul style="list-style-type: none"> <li>Completed and signed IRS Form 4506T-EZ** <b>AND</b></li> <li>Most recent pay stub(s) reflecting 30 consecutive days' or four weeks' earnings <b>AND</b></li> <li>Documentation of year-to-date earnings if not on pay stub</li> </ul>
Self-employment income	\$	<ul style="list-style-type: none"> <li>Completed and signed IRS Form 4506-T <b>AND</b></li> <li>The most recent signed and dated quarterly or year-to-date profit/loss statement</li> </ul>
Unemployment income	\$	<ul style="list-style-type: none"> <li>Completed and signed IRS Form 4506T-EZ**</li> </ul>

MONTHLY INCOME TYPE AND AMOUNT		REQUIRED DOCUMENTATION
Social Security, pension, disability, or death benefits	\$	<ul style="list-style-type: none"> <li>Completed and signed IRS Form 4506T-EZ** <b>AND</b></li> <li>Documentation from the provider showing the amount and frequency of benefits <b>AND</b></li> <li>Two most recent bank statements showing deposit amounts</li> </ul>
Rental income (Rents received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> <li>Completed and signed IRS Form 4506-T <b>AND</b></li> <li>Provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent</li> </ul>
Adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> <li>Completed and signed IRS Form 4506T-EZ**</li> </ul>
Other (e.g. income from alimony*, child support*, investments, or insurance) _____ _____ _____	\$	<ul style="list-style-type: none"> <li>Completed and signed IRS Form 4506T-EZ**</li> </ul>
Total gross monthly household income	\$	

\*Not required if you choose not to have it considered for repaying this loan

\*\* The IRS Form 4506-T will also be accepted.

### Household Assets – excluding retirement funds such as a 401(k) or Individual Retirement Account (IRA) funds

Checking account(s) and cash on hand	\$
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds	\$
Other (please describe):	\$
<b>Total assets</b>	\$

### Hardship Information

The hardship causing mortgage payment challenges began on \_\_\_\_\_ and is believed to be:

☐ Short-term (up to 6 months) ☐ Long-term or permanent (greater than 6 months) ☐ Resolved as of: \_\_\_\_\_

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> <li>No documentation required at this time</li> </ul>
<input type="checkbox"/> Reduction in income	<ul style="list-style-type: none"> <li>No documentation required at this time</li> </ul>
<input type="checkbox"/> Increase in housing-related expenses	<ul style="list-style-type: none"> <li>No documentation required at this time</li> </ul>
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> <li>Final divorce decree or final separation agreement</li> </ul>
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> <li>Recorded quitclaim deed or other legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property</li> </ul>
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> <li>Death certificate</li> </ul>
<input type="checkbox"/> Long-term or permanent disability, serious illness of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> <li>No documentation required at this time</li> </ul>
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"> <li>No documentation required at this time</li> </ul>

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED DOCUMENTATION
<input type="checkbox"/> Distant employment transfer / relocation	<ul style="list-style-type: none"> <li>▪ <b>For active duty service members:</b> PCS orders or letter showing transfer.</li> <li>▪ <b>For employment transfers/new employment:</b> Copy of signed offer letter or notice from employer showing transfer to a new location <b>OR</b></li> <li>▪ A written explanation if employer documentation not applicable <b>AND</b> documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)</li> </ul>
<input type="checkbox"/> Other: _____ _____ _____ _____	<ul style="list-style-type: none"> <li>▪ Written explanation describing the details of the hardship and relevant documentation</li> </ul>

## Borrower Certification

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I may be required to provide additional supporting documentation. I will provide all requested documents and will respond in a timely manner to all servicer or authorized third party\* communications.
3. My mortgage servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. The servicer or authorized third party\* may obtain a current credit report for the borrower and co-borrower.
5. I consent to the servicer, authorized third party\*, or any investor/guarantor, disclosing of personal information collected during the mortgage assistance process, as well as information about any relief I receive, to the U.S. Department of the Treasury, Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that provide support services to them. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity.
6. I consent to being contacted concerning this request for mortgage assistance at any telephone number or email address I have provided to the lender/servicer or authorized third party\*.
7. If I am eligible for and enter in to a Trial Period Plan for a modification, I agree that payments due will contain escrow amounts. If I was not previously required to pay escrow amounts, and my Trial Period Plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.

Borrower signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Borrower signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA), or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Form **4506-T**

(Rev. January 2011)

Department of the Treasury  
Internal Revenue Service**Request for Transcript of Tax Return**

OMB No. 1545-1872

► **Request may be rejected if the form is incomplete or illegible.**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (See instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. . . ☐

**c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . . ☐

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . ☐

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature		
	Date		

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

**Automated transcript request.** You can quickly request transcripts by using our automated self help-service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

## Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
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Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
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Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
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Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888  559-456-5876
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Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999  816-292-6102
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## Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
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Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
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Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592
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**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P. O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

## Privacy Act and Paperwork Reduction Act

**Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.